

UTAH HOLDS A GREAT MEDICAL CONVENTION

Doctor Walter C. Alvarez of San Francisco has just returned from the annual meeting of the Utah Medical Association, which lasted for a whole week, and writes us as follows:

Just a note to congratulate you on a fine number of CALIFORNIA AND WESTERN MEDICINE, and on your success in getting so many good things boiled down and put into such a small space.

"I have just gotten back from the meeting in Salt Lake City which was a great success, and I think followed out an excellent idea. For the first time in my life I saw about one hundred doctors attend meetings faithfully from 8 a. m. to 9:30 p. m., and from Monday morning to Saturday noon. I wondered if perhaps there was a little Scotch blood in some of them to help out because they had each paid \$10 for the course. Perhaps the best part of the scheme was that they had men from other states, all teachers of medicine and surgery, and distance always lends enchantment. They were wise, however, in asking these men to give practical talks on common, everyday subjects. It was so interesting that I attended from early morning till late evening. Perhaps some time a meeting like that would go well in California. Credit must be given to Kahn, Critchlow, and Rich, who are splendid fellows and who worked the thing up and prepared for it a year ago."

The minutes of the House of Delegates and proceedings in general of this intelligently conducted and highly successful medical meeting will be found elsewhere in this issue of CALIFORNIA AND WESTERN MEDICINE. They are worthy of the careful perusal of every physician interested in the welfare of his profession, and particularly in the advancement of the cause of better health for everybody. The days of the stereotyped soporific conventional meeting of medical organizations are over, at least in centers where physicians assume their duties and play their parts in organizations, as they do in personal affairs.

The time is here when the physician who wants to get his message, whether written or spoken, over must deliver it in an attractive and appealing form. An increasing number of individuals in our profession, as well as outstanding organizations of physicians, are moving ahead with rapid strides, not so much because of their superior intelligence, but because they pay the same careful attention to their literary efforts that they do to their technique in the operating room.

If Utah, with its 354 physicians, can make the remarkable showing that they undoubtedly did make at their recent session, the California Medical Association with its more than 4000 members ought to make its annual meetings a source of profit and pleasure, not only to physicians, but to every citizen of this state.

MEDICAL AND SURGICAL "CONVERSAZIONI"

This innovation, introduced in the September issue of CALIFORNIA AND WESTERN MEDICINE, has produced such an extensive and agreeably surprising reaction that the department will be continued. This is a sort of open forum, as it were, to discuss pertinent problems of "*Bedside Medicine for Bedside Doctors*." (What would you think of that for a title instead of "Conversazioni"?)

We desire to give the widest opportunity to our

readers to discuss various subjects. The following six subjects are now being prepared for discussion. If you are interested in supplying us with a discussion of not over five hundred words on any of these subjects, please notify the editor.

1. A Brief of the Evidence that Justifies a Diagnosis of Infantile Paralysis.
2. What are the Essential Indications for Caesarean Section?
3. Under What Conditions, if Any, Is Appendicostomy Justifiable?
4. Do We Need More Than One Class of Nurses? If So, What Shall Distinguish Them—In Education, Duties, and Responsibilities?
5. Should Drug Addiction be a Reportable Disease.
6. What Constitutes the Minimum Evidence Warranting a Positive Diagnosis of Diabetes Mellitus?

The Control of Rickets—That animals can be protected against rickets by the use of cod-liver oil and ultra-violet light is an established fact. It has also been clearly shown that cod-liver oil and sunlight exert a great influence in the cure of rickets. Whether these measures are sufficient to prevent rickets in infants in a community has been made a problem of investigation in New Haven. Martha M. Eliot, New Haven, Conn. (Journal A. M. A.), describes the plan of the study and offers a preliminary discussion of the results. The demonstration was started in October, 1923, for a three-year period by the United States Children's Bureau in conjunction with the pediatric department of the Yale School of Medicine and with the active co-operation of the local health organizations. A district of the city was selected having a population of approximately 13,500, one-third of which were negroes, and two-thirds a mixed population composed of Italians, Irish, Polish, and Americans. The office of the demonstration is known in New Haven as the "Children's Bureau." The staff consists of three physicians, three public health nurses, two social investigators, a roentgen ray technician, and a secretary. The main problem of the investigation was to show whether rickets could be prevented in a community by the intensive use of cod-liver oil and sunlight. The infants born within the selected district during the first two years of the study are examined and started on cod-liver oil and sun baths, if possible, before the end of the first month of life. They are brought to the Children's Bureau once a month for physical and roentgen-ray examinations in order that rickets may be discovered as early as possible, and intensive treatment instituted if necessary. The nurses visit the homes frequently to see whether the instructions are being carried out. These investigations have shown that a slight degree of early rickets is well nigh universal in our climate and in our state of society. The very intimate association of rickets with growth, its early appearance regardless of season, and its universality raise the question whether this slight degree of rickets must not be considered normal. That rickets is intimately associated with growth is well known, and that it should appear at the time when most active growth is taking place, namely, the first four months of life, is not extraordinary. The rate of growth of the infant influences the early development of the disease. Large, rapidly growing breast-fed infants and very fat infants uniformly show definite evidence of rickets. It is an uncommon thing to find a healthy, vigorous breast-fed infant who does not show rickets by roentgen-ray examination. Premature babies, who grow exceedingly rapid, are notoriously rachitic. Malnourished infants frequently show small, slender bones with little or no rachitic change. If any two groups of infants show the need of early anti-rachitic treatment more than others, they are the large, rapidly growing breast-fed infants and premature babies.

There is too much birth control and not enough control of them after they are born.—San Francisco Chronicle.